



In-Kind Donation Form:

Business Name: _____ Date: _____
(If applicable)

Contact Name: _____ Title: _____
(If applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Retail Value and Description of Goods or Services:

Donor's description of gift and assigned retail value will be used in their gift acknowledgement, which can then be used for tax purposes.

Thank you for helping us impact children around the world!

Packages/Boxes can be shipped to:

Children's Impact Network
PO Box 541900
Lake Worth, FL 33454

Or, you can arrange for them to be picked up by the person who solicited this donation.

Solicitor's Name: _____

Phone: _____ E-mail: _____

Children's Impact Network is a registered 501(c)3: 65-0230590